UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED DEC 1 6 2008

THOMSON REUTERS

TEMPORARY FORM D

OMB Approval OMB Number: 3235-0076 Expires: October 31, 2008 Estimated average burden hours per response 4.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Mail Processing

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Raffles Offering to Prospective Insured Members Washington, DC Filing Under (Check box(es) that apply):
Rule 504 Rule 505 Rule 506 Section 4(6) ULOE 703 Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Raffles Insurance Limited Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code (345) 946-2100 2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Reinsurance of Member Risks. Type of Business Organization □ 0 ☐ limited partnership, already formed business trust ☐ limited partnership, to be formed Month Year 0 9 84 X Actual

Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) FN GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972(9-08)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
 equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and	mar	aging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first, Vizzi, Carl	if ind	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's D <u>ri</u>	ve, C	eorge Town, Caym	an Is	slands			•
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Abell, Dixon									
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's Dri	ve, C	eorge Town, Caym	an Is	slands			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Garvens, Jeffrey									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's Dri	ve, C	leorge Town, Caym	an Is	slands			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Œ	Director	☐ General and/or Managing Partner
Full Name (Last name first, Hope, Walter J. Jr.	if ind	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's Dri	ve, C	George Town, Caym	an Is	slands			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)		<u>-</u>					
Boyle, Steven L.								_	
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's Dri	ve, C	George Town, Caym	ıan Is	slands			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)		•					
Graham, Ronny H.									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Floor, Genesis Buildin	g, Dr	. Roy's Dri	ve, C	George Town, Caym	ian Is	slands			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, Arnold, John M.	if ind	ividual)							
Business or Residence Addre	ess (N	Jumber and	Stree	et. City. State. Zin Co	ode)				
2nd Floor Canasis Ruildin	-			-		slands			

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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
 equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

,									
 Each general and 	l mar	naging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Kulmer, Morris H.		•							
Business or Residence Addr	ess (1	iumber and	Stree	et. City. State. Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Glade, Brian	if ind	ividual)	-						
Business or Residence Addr	ess (N	Jumber and	Stree	et. City. State. Zip C	ode)			 	
2nd Fl., Genesis Bldg., Dr.	-			-					
Check Box(es) that Apply:				Beneficial Owner	D	Executive Officer	E	Director	General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Fulton, Bradley A.		,							
Business or Residence Addr	ess (1	Jumber and	Stree	et. City. State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	•				•				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)				•			
Brooks, John E. Sr.									
Business or Residence Addr	ess (ì	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	(2)	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Durbin, Lynne M.									
Business or Residence Addr	ess (ì	iumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Streelman, Brad									
Business or Residence Addi	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Schultz, Blaine									
Business or Residence Addr	ess (N	Number and	Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				

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 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and	man	aging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)							
Thoma, Karl Joseph									
Business or Residence Addres	ss (N	Jumber and	Stree	et, City, State, Zip Co	ode)	 .			
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Lloyd, Trevor	`ind	ividual)							
Business or Residence Addres	ss (N	Number and	Stree	et, City, State, Zip Co	ode)	- .			
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Alban, James C. IV	ind	ividual)							
Business or Residence Addres	ss (N	Jumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Œ	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Sweet, Allen	ind	ividual)							
Business or Residence Address	ss (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. F	toy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Berneche, Bret	ind	ividual)							
Business or Residence Addre	ss (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)							
Farber, Howard									
Business or Residence Address	ss (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Slutsky, Dennis	ind	ividual)							
Business or Residence Addre	ss (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd El Genesis Rida Dr F									

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and m	anaging par	ner o	of partnership issue	ers.				
Check Box(es) that Apply:	1 Promoter	0	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if it	dividual)							
Clark, David C.								
Business or Residence Address	(Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. Ro				ands				
Check Box(es) that Apply:] Promoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Tucker, Erin	idividual)							
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)	•			
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, G	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:] Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)							
Blanchard, Joseph R.								
Business or Residence Address 2nd Fl., Genesis Bldg., Dr. Ro	•		•					
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Hassman, Alan	idividual)			·				
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, G	eorge	Town, Cayman Isl	ands				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if it Anthony, George R.	idividual)							
	O.L	Carre	on Cina State 7in C	- 4-1				
Business or Residence Address	·=		· · · · · · · · · · · · · · · · · · ·					
2nd Fl., Genesis Bldg., Dr. Ro Check Box(es) that Apply:			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply.	1 Flourotei	_	Belleficial Owlier		Executive Officer	نيا	Director	Managing Partner
Full Name (Last name first, if in	idividual)							
Pocus, Jerry								
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, G	orge	Town, Cayman Isl	ands	<u> </u>			
Check Box(es) that Apply:) Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Dawson, Gary G.	idividual)							
Business or Residence Address	Number and	Stree	et. City. State. Zin C	ode)	 			
2nd Fl. Genesis Bldg. Dr. Ro								

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Each general and	l mar	naging part	ner (of partnership issu	ers.				
Check Box(es) that Apply:		Promoter		····		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Brink, Douglas									
Business or Residence Addr	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, Borntraeger, Carl W.	if ind	ividual)							
Business or Residence Addr	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Oster, Helen	if ind	ividual)							
Business or Residence Addr 2nd Fl., Genesis Bldg., Dr.	•			· -					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Falero, Ralph	if ind	ividual)				 			
Business or Residence Addr	ess (N	Jumber and	Stree	et City State Zin C	ode)				
2nd Fl., Genesis Bldg., Dr.				•					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Weinman, Thomas F.	if ind	ividual)							
Business or Residence Addr	ess (N	Jumher and	Stree	et City State Zin C	ode)				
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Little, Bernard Jr.	if ind	ividual)	-			•			
Business or Residence Adda				•			•		
2nd Fl., Genesis Bldg., Dr.							G T	D' 4	D Comment of the
Check Box(es) that Apply:	_			Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, Nichols, Joe	if ind	ividual)							
Business or Residence Add	-			• • •					

2. Enter the information requested for the following:

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• Each general and r	nan	aging part	ner c	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Bentley, Steven	ind	ividual)	·						
Business or Residence Addres	s (N	Sumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy'	s Drive, Go	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Cuda, Fred	ind	ividual)							
Business or Residence Addres	s (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy'	s Drive, Ge	orge	Town, Cayman Isl	ands	_			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)							
Blueberg, James R. Jr.									
Business or Residence Addres	s (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	ividual)							
Comer, R. Don									
Business or Residence Addres	-			•	-				
2nd Fl., Genesis Bldg., Dr. R Check Box(es) that Apply:				Beneficial Owner	ands	Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply.		TOMOG		Belieffelal Owliel		Excedite Officer		Director	Managing Partner
Full Name (Last name first, if	indi	ividual)							
Rourke, John									
Business or Residence Addres	s (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:	□	Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	ividual)							
Abrams, Benjamin									
Business or Residence Addres	s (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	ividual)							
Branch, Greg									
Business or Residence Addres	s (N	Sumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	ov'	s Drive, Ge	nrge	Town, Cayman Isla	ands				

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Each general and	man	aging part	ner (of partnership issue	ers.				
Check Box(es) that Apply:	D	Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner
Full Name (Last name first, i Petrick, Edward	f indi	ividual)							
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)		-		
2nd Fl., Genesis Bldg., Dr.	Roy':	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, i Gotwals, Robert S.	f indi	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands			_	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f indi	ividual)							
Brown, Larry E.									
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy':	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, i Mast, Harold	f indi	ividual)		_					
Business or Residence Addre 2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, i Stodden, Michael R.	f indi	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	et. City. State. Zip Co	ode)			-	
2nd Fl., Genesis Bldg., Dr.				•					
Check Box(es) that Apply:		•		Beneficial Owner		Executive Officer	Œ	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f indi	ividual)							
Talbot, Byron E.									
Business or Residence Addre	ess (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy':	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f indi	ividual)							
Briggs, Jimmy									
Business or Residence Addre	ss (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl. Genesis Rldg. Dr.	Rav'	s Drive Ge	nrae	Town, Cayman Isla	ands				

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Each general and	d mar	aging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner
Full Name (Last name first, Smith, Fred	if ind	ividual)		· · · · · · · · · · · · · · · · · · ·			,		
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Wright, John									
Business or Residence Adda	•			•					
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:	0	Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							-
Coulson, Michael B.									
Business or Residence Addr	ess (N	umber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Francis, William H. Jr.									
Business or Residence Addi	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Metzler, David L.									
Business or Residence Adda	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Ist	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or
				. —					Managing Partner
Full Name (Last name first,	if ind	ividual)							
Nicholson, Eric								<u></u> -	
Business or Residence Addr	-			• • • • • • • • • • • • • • • • • • • •					
2nd Fl., Genesis Bldg., Dr.					ands_				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Hays, Dennis R.									
Business or Residence Addi	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd El Canacis Bldg Dr	Davi	c Driva Ca	A P A A	Town Cayman Isla	ande				

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general an 	d man	aging part	ner o	of partnership issue	ers.	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Meston, Steve									
Business or Residence Add	ress (N	lumber and	Stree	et. City. State. Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Ciron Bon(ob) main ipply.			_		_				Managing Partner
Full Name (Last name first	if ind	ividual)		· · · · · · · · · · · · · · · · · · ·					
Davison, Steve									
Business or Residence Add	ress (N	Jumber and	Stree	et. City. State, Zip Co	ode)			•	
2nd Fl., Genesis Bldg., Dr									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or
									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Cleveland, Jay									
Business or Residence Add	ress (N	Jumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr	-								
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	X	Director	☐ General and/or
o									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Hutzler, Alvin									
Business or Residence Add	ress (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr	. Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or
									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Mann, Michael									
Business or Residence Add	ress (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or
									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Leiser, H. Wayne									
Business or Residence Add	ress (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr	. Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or
									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Van Heukelem, Vince									
Business or Residence Add	ress (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partr	ner of partnership issue	iers.		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Alford, Dwight				
Business or Residence Address (Number and	= -			
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Geo				
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director □	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Feidelberg, Geoffrey F.				
Business or Residence Address (Number and	Street, City, State, Zip Co	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Ger	orge Town, Cayman Isla	lands		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Fry, Henry				
Business or Residence Address (Number and	Street, City, State, Zip Co	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Geo	•			
	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			-	
Ellis, Jon Steven				
Business or Residence Address (Number and	Street, City, State, Zip Co	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Gen	orge Town, Cayman Isl	lands		
Check Box(es) that Apply: □ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Margolis, Barry		<u></u>		
Business or Residence Address (Number and	Street, City, State, Zip Co	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Ge	orge Town, Cayman Isl	lands	<u></u>	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Bedell, Edward William				
Business or Residence Address (Number and	Street, City, State, Zip Co	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Ge	-			
	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Coble, Robert L.				
Business or Residence Address (Number and	Street, City, State, Zip C	Code)		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, Ge				

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and	l man	aging part	ner (of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Schwab, James F.	if ind	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, LaBine, Brian T.	if ind	ividual)							
Business or Residence Addre	ess (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Kayser, Raymond III									
Business or Residence Address	ess (N	Jumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Oster, John III	if ind	ividual)							
Business or Residence Address and Fl., Genesis Bldg., Dr.				-					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	Ø	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)						- "	
Drewes, John F.									
Business or Residence Addr	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Bisbee, Leland S. III									
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Gillespie, Tom									
Business or Residence Addre	ess (N	Number and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Rov'	s Drive. Ge	orge	Town, Cayman Isla	ands				

2. Enter the information requested for the following:

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and m	anag	ing parti	ner d	of partnership issue	ers.				
Check Box(es) that Apply:] Pi	romoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndivid	dual)							
Lynch, Lenny									
Business or Residence Address	(Nun	nber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. Ro	y's D	rive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:	□ Pı	romoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Murphy, Michael	ndivic	dual)							
Business or Residence Address	(Nun	nber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. Ro	y's D	rive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:) P1	romoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndivic	dual)							
Mitchell, David									
Business or Residence Address	(Nun	nber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. Ro	y's D	rive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:	☐ P1	romoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndivid	dual)							
Budosh, Stephen J.									
Business or Residence Address	(Nun	nber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. Ro					ands				
Check Box(es) that Apply: [] Pi	romoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndivic	dual)							
Egger, Stephen E.									
Business or Residence Address				· · ·					
2nd Fl., Genesis Bldg., Dr. Ro									
Check Box(es) that Apply:	J Pi	romoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndivic		•						Wanaging Lattice
Gerber, Edwin G.	iiaiii	auai,							
Business or Residence Address	Nun	nher and	Stree	t City State Zin Co	nde)				
2nd Fl., Genesis Bldg., Dr. Ro				•					
· · · · · · · · · · · · · · · · · · ·				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndivio	dual)							
Stoller, Ty									
Business or Residence Address	(Nun	nber and	Stree	t, City, State, Zip Co	ode)			·	
2nd Fl., Genesis Bldg., Dr. Ro	v's D	rive. Ge	nrge	Town, Cayman Isla	ands				

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Each general and managing partner of	partnership issuers.				
Check Box(es) that Apply: ☐ Promoter ☐ E	Beneficial Owner	Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				<u> </u>	
Etheredge, Dennis M.					
Business or Residence Address (Number and Street,	City, State, Zip Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	own, Cayman Islands				
Check Box(es) that Apply: ☐ Promoter ☐ E	Beneficial Owner □	Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Tighe, John					
Business or Residence Address (Number and Street,	City, State, Zip Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	•				
Check Box(es) that Apply: ☐ Promoter ☐ I		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Koch, Joe					
Business or Residence Address (Number and Street,	City, State, Zip Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	own, Cayman Islands				
Check Box(es) that Apply: ☐ Promoter ☐ I		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) FitzGerald, Robert					
Business or Residence Address (Number and Street,	City State Zin Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T					
Check Box(es) that Apply: □ Promoter □ I		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Gadus, Timothy J.					
Business or Residence Address (Number and Street,	City, State, Zip Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	own, Cayman Islands				
Check Box(es) that Apply: ☐ Promoter ☐ I	Beneficial Owner	Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Nix, Eric K.					
Business or Residence Address (Number and Street,	City, State, Zip Code)				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	own, Cayman Islands				
Check Box(es) that Apply: ☐ Promoter ☐ I	Beneficial Owner	Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Hassevoort, Pam					
Business or Residence Address (Number and Street,	• • • • • •				
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George T	own, Cayman Islands				

- 2. Enter the information requested for the following:
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• Each general and r	nan	aging part	ner (of partnership issue	rs.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	vidual)						·	
Dykman, Steve									
Business or Residence Addres	s (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy':	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Dinkgrave, Don	indi	vidual)							
Business or Residence Addres	s (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy':	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	vidual)							
Mantyla, James E.									
Business or Residence Addres	s (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy's	s Drive, Ge	orge	Town, Cayman Isla	nds				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Clingan, Thomas	indi	vidual)							
Business or Residence Addres	s (N	lumber and	Stree	t, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy':	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	indi	vidual)							
Haugan, Gil Jr									
Business or Residence Addres	s (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy':	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind:	widual)							
	mul	vidualj							
Hawbaker, Daniel R.	mul	vidual)							
Hawbaker, Daniel R. Business or Residence Addres			Stree	et, City, State, Zip Co	ode)				
Business or Residence Addres 2nd Fl., Genesis Bldg., Dr. R	s (N oy':	lumber and s Drive, Ge	orge	Town, Cayman Isl	-				
Business or Residence Addres 2nd Fl., Genesis Bldg., Dr. R	s (N oy':	lumber and s Drive, Ge	orge	•	-	Executive Officer	×	Director	☐ General and/or Managing Partner
Business or Residence Addres 2nd Fl., Genesis Bldg., Dr. R	s (N oy':	lumber and s Drive, Ge Promoter	orge	Town, Cayman Isl	inds	Executive Officer	×	Director	
Business or Residence Addres 2nd Fl., Genesis Bldg., Dr. R Check Box(es) that Apply:	s (N oy':	lumber and s Drive, Ge Promoter	orge	Town, Cayman Isl	inds	Executive Officer	×	Director	
Business or Residence Addres 2nd Fl., Genesis Bldg., Dr. R Check Box(es) that Apply: Full Name (Last name first, if McClure, Robert F. Business or Residence Addres	s (Noy':	fumber and s Drive, Ge Promoter vidual)	orge	Town, Cayman Isla Beneficial Owner	inds	Executive Officer	×	Director	

2. Enter the information requested for the following:

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Each general and	mar	aging part	ner (of partnership issue	ers.					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Falbaum, Rand H.										
Business or Residence Addre	ss (1	lumber and	Stree	t, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	K	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual) Granger, Todd J.										
Business or Residence Addre	ss (N	Number and	Stree	et, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr.	_			= =						
Check Box(es) that Apply:				Beneficial Owner	×	Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Business or Residence Addre	(N	Jumber and	Strac	y City State Zin C	ode)	···		· <u></u> -		
2nd Fl., Genesis Bldg., Dr.	•				,					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i Ward, Michael J.	f ind	ividual)								
Business or Residence Addre	rs (1	Number and	Stree	et, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr.					ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Harris, L. Worth										
Business or Residence Addre					-					
2nd Fl., Genesis Bldg., Dr.										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Franklin, James D.										
Business or Residence Addre	ss (N	Sumber and	Stree	t, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands	·				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Œ	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual) Rohrer, Howard E. III										
Business or Residence Addre	ee /\	Jumber and	Strac	y City State 7in C	ode)					
2nd Fl., Genesis Bldg., Dr.										

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1000010, 0110									
 Each general and 	man	aging part	ner (of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Cleveland, C.E. Thomas									
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	(<u>k</u>	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f ind	ividual)							
Halquist, Thomas J.									
Business or Residence Addre	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f ind	ividual)							
Hamm, Robert B.							=		
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Miller, Howard J.									
Business or Residence Addre	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f ind	ividual)							
Gustafson, David									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u> </u>	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Petelle, James									
Business or Residence Addre	ess (N	Sumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
West, Tommy									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Rov'	s Drive. Ge	orge	Town, Cayman Isl	ands				

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and 	mar	naging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f ind	ividual)							
Kyne, James		•							
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
High, S. Dale									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)			·	
2nd Fl., Genesis Bldg., Dr.				•					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or
									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Haar, James									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Berger, Scott Anthony									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Eisele, Ed									
Business or Residence Addre	ess (N	Number and	Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)			-				
Howes, Mike		,							
Business or Residence Addre	ess (N	Number and	Stree	et. City. State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	•				-				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Hughes, Tom		,							
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.	•			• • •	-				

- 2. Enter the information requested for the following:
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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and	man	aging part	ner (of partnership issue	ers.					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)										
Loughry, Thomas E.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. I					ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner	
Full Name (Last name first, if	indi	ividual)								
Andrews, Laurie										
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr. I	₹oy'	s Drive, Ge	orge	Town, Cayman Isl	and <u>s</u>					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or	
									Managing Partner	
Full Name (Last name first, if	find	ividual)								
Reilly, Dan										
Business or Residence Addre	-									
2nd Fl., Genesis Bldg., Dr. I					ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, is	find	ividual)								
Poppleton, Jay K.										
Business or Residence Addre	ss (Þ	Number and	Stree	et, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr. I	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:	0	Promoter		Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner	
Full Name (Last name first, it	find	ividual)								
Duch, Walter Frank Jr.										
Business or Residence Addre	ss (N	Number and	Stree	et, City, State, Zip C	ode)					
2nd Fl., Genesis Bldg., Dr. I	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or	
									Managing Partner	
Full Name (Last name first, it	f ind	ividual)								
Busacca, Brian										
Business or Residence Addre										
2nd Fl., Genesis Bldg., Dr. I	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, it	find	ividual)								
Schultz, John C.										
Business or Residence Addre	ss (N	Number and	Stre	et, City, State, Zip C	ode)					
2nd Fl. Genesis Bldg. Dr. J	Rnv'	s Drive, Ge	nrge	Town, Cayman Isl	ands					

2. Enter the information requested for the following:

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	inaging parti	ner c	of partnership issue	ers.	····			
Check Box(es) that Apply:	Promoter		Beneficial Owner	□	Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)							
Turner, Harold L.	•							
Business or Residence Address	Number and	Stree	et City State Zin Co	nde)				
2nd Fl., Genesis Bldg., Dr. Roy			= = = = = = = = = = = = = = = = = = = =					
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
encon Box(es) mat repris.		_			2.1.00			Managing Partner
Full Name (Last name first, if in	dividual)		· · · · · · · · · · · · · · · · · · ·				• •	
Witwer, Richard P.	,							
Business or Residence Address	Number and	Stree	et City State Zin Co	nde)				
2nd Fl., Genesis Bldg., Dr. Roy	•							
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply:	i i iomoto	<u></u>	Descricial Owner	_	LACCULIVE Officer	-	Director	Managing Partner
Full Name (Last name first, if in	dividual)							
Kaiser, Norbert	,							
Business or Residence Address	Number and	Stree	r City State Zin C	-de)				
2nd Fl., Genesis Bldg., Dr. Roy	•							
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply.	riomotei		Belleticiai Owliei		Executive Officer	-	Director	Managing Partner
Full Name (Last name first, if in	dividual)							
Wagner, Scott	or riduar)							
Business or Residence Address	Number and	Ctrac	v City State Zin C	oda)				
2nd Fl., Genesis Bldg., Dr. Roy	•							
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) mat Approx.	rigiliotei		Belleticiai Owliei		Executive Officer	152.	Director	Managing Partner
Full Name (Last name first, if in	dividual)		·····		·- <u>-</u>			
Sander, Ken	a							
Business or Residence Address	Number and	Stree	et City State Zin Co	ade)				
2nd Fl., Genesis Bldg., Dr. Ro	•		· · · · · ·					
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply.	i i tomotei		Delicitata Owier		LACCULIVE Officer		Director	Managing Partner
Full Name (Last name first, if in	dividual)							
House, Dwayne A.								
Business or Residence Address	Number and	Stree	et City State Zin Co	ode)				
2nd Fl., Genesis Bldg., Dr. Roy	•		• •	-				
Check Box(es) that Apply:			Beneficial Owner		Executive Officer	×	Director	☐ General and/or
Check Box(es) that Apply.	Tioniotei		Belieffelai Owlief	ليا	Executive Officer		Director	Managing Partner
Full Name (Last name first, if individual)								
Watson, Jerry Lee	 ,							
Business or Residence Address	Number and	Stree	t City State 7in Co	ode)				
2nd Fl., Genesis Bldg., Dr. Roj	•							
· · · · · · · · · · · · · · · · ·	,	- 5						

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 Each general and 	man	aging part	ner o	of partnership issue	ers.						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Kinsley, Robert	f indi	vidual)									
Business or Residence Addre	Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr.	Roy's	s Drive, Ge	orge	Town, Cayman Isla	ands						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i	f indi	vidual)									
Bartol, James D.											
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)						
2nd Fl., Genesis Bldg., Dr. 1				•							
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner		
Full Name (Last name first, i Feinstein, David	f indi	vidual)	•								
Business or Residence Addre	ee (N	lumber and	Stree	et City State 7in Co	nde)						
2nd Fl., Genesis Bldg., Dr. 1					-						
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Nord, Scott	f indi	vidual)									
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)						
2nd Fl., Genesis Bldg., Dr. I	-			•							
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner		
Full Name (Last name first, i	findi	vidual)						=			
Business or Residence Addre	ss (N	lumber and	Stree	et. City. State. Zip Co	ode)						
2nd Fl., Genesis Bldg., Dr. I					-						
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i	findi	vidual)					••				
Upton, Denny		,									
Business or Residence Addre	ss (N	umber and	Stree	t, City, State, Zip Co	de)						
2nd Fl., Genesis Bldg., Dr. I				• •	-						
Check Box(es) that Apply:				Beneficial Owner	0	Executive Officer	Ø	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Wood, Robert											
Business or Residence Addre	ee /N	umber and	Stree	ot City State 7in Co	vde)						
2nd Fl., Genesis Bldg., Dr. I											

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 - Each promoter of the issuer, if the issuer has been organized within the past five years;
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	,									
• Eac	h general and	d man	naging part	ner (of partnership issu	ers.				
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (L	ast name first,	if ind	ividual)							
Larsen, Dan	•		,							
Business or R	esidence Addr	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
		-			Town, Cayman Isl	-				
Check Box(es					Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner
Full Name (L Frank, Richa	ast name first,	if ind	ividual)							
		ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				
					Town, Cayman Isl					
Check Box(e					Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner
Full Name (L	ast name first,	if ind	ividual)							
		ess (N	Jumber and	Stree	et, City, State, Zip C	ode)				· · · · · · · · · · · · · · · · · · ·
					Town, Cayman Isl					
Check Box(e					Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (L Reinhard, G	ast name first,	if ind	ividual)							
		rece (N	Jumber and	Stree	et, City, State, Zip C	ode)	<u> </u>			
					Town, Cayman Isl					
	s) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (L	ast name first,	if ind	ividual)	•			···			
Kilbert, Jeffi	rey									
Business or R	esidence Addr	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Gen	esis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es	s) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
,	ast name first,	if ind	ividual)							
Graham, Da	nny									
Business or R	esidence Addr	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Gen	esis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es	s) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (L Schwab, San	ast name first,	if ind	ividual)							
	·	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
		•			Town, Cavman Isl	•				

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• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Parker, James III	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Luckinbill, Dennis	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □	
Full Name (Last name first, if individual) Wilhite, Timothy W.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Hatcher, Randall	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Oliner, Henry	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Managing Partner
Full Name (Last name first, if individual)	
Stewart, Doug	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Anderson, Shawn D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands	

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Each general an	d mar	naging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Buller, James									
Business or Residence Add	ress (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr									
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, Bobb , Kevin	if ind	ividual)							
Business or Residence Add	ress (ì	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr	. Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands	 			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
McComas, Daniel									
Business or Residence Add	-								
2nd Fl., Genesis Bldg., Dr	•					···			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, Whitby, Von	if ind	ividual)							
Business or Residence Add	ress (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner	□	Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Dixon, Sally J.									
Business or Residence Add 2nd Fl., Genesis Bldg., Dr				•					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Bielski, Ben Jr.		,							
Business or Residence Add	ress (N	Number and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr	. Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Meyer, Ralph P.									
Business or Residence Add	ress (N	Number and	Stree	et. City, State. Zin C	ode)				
2nd Fl., Genesis Bldg., Dr									

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1334013, 4114									
Each general and	mar			of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Jones, Bert H.									
Business or Residence Addres	s (ì	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	toy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)	,						
Little, Charles A.		,							
Business or Residence Addres	s (N	Vumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	•								
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or
· · · · · · · · · · · · · · · · · · ·									Managing Partner
Full Name (Last name first, if	ind	ividual)							
Terry, Philip		<u> </u>							
Business or Residence Addres	s (ì	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	toy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)							
Haag, Scott									
Business or Residence Addre	(1) za	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	ind	ividual)							
Duff, Tom									
Business or Residence Addres	s (l	Number and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isla	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or
						· - ·			Managing Partner
Full Name (Last name first, if	ind	ividual)							
Zifferer, Morton F. Jr.									
Business or Residence Addres	s (1	Jumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F	loy'	s Drive, Ge	orge	Town, Cayman Isla	ands	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Douglas, Barry N.									
Business or Residence Addres	r) 2	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr. F									

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
 equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing pa	rtner	of partnership issue	ers.							
Check Box(es) that Apply: Promote		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual) Collings, Patrick X.	·									
Business or Residence Address (Number an	d Stre	et, City, State, Zip C	ode)	·						
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C		•								
		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)										
Vice, Cynthia A.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C	eorge	Town, Cayman Isl	ands							
Check Box(es) that Apply:	r 🗅	Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual) McGill, Steve										
Business or Residence Address (Number an	d Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C	eorge	Town, Cayman Isl	ands							
Check Box(es) that Apply: Promote	r 🗆	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)										
Novinger, James D.						<u>.</u>				
Business or Residence Address (Number an	d Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C										
Check Box(es) that Apply: Promote	r 🖸	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)										
Adair, John D. Jr.										
Business or Residence Address (Number an		•								
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C			ands							
Check Box(es) that Apply: ☐ Promote	r 🗆	Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)										
Welch, Marshall D. III										
Business or Residence Address (Number an	d Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C			ands							
Check Box(es) that Apply: Promote	r 🗆	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)										
Philp, Steven G.										
Business or Residence Address (Number an	d Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, C	eorge	Town, Cayman Isl	ands							

- 2. Enter the information requested for the following:
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 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	naging partn	er of partne	ership issue	ers.						
Check Box(es) that Apply:	Promoter	□ Benefi	cial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in	dividual)							-		
Hackett, Christopher										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy				ands						
Check Box(es) that Apply: □	Promoter	☐ Benefi	cial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in	dividual)									
Cummings, Jeff										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy	's Drive, Geo	rge Town, (Cayman Isl	ands						
Check Box(es) that Apply:	Promoter	□ Benefi	cial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in	dividual)									
Carberry, Timothy J.										
Business or Residence Address	Number and S	Street, City,	State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Roy	's Drive, Geo	rge Town, (Cayman Isl	ands						
Check Box(es) that Apply:	Promoter	□ Benefi	cial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in	dividual)									
Function, Matthew										
Business or Residence Address	Number and S	Street, City,	State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Ro	's Drive, Geo	rge Town,	Cayman Isl	ands						
Check Box(es) that Apply:	Promoter	□ Benefi	cial Owner	×	Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in	dividual)									
Fitzgerald, Chris										
Business or Residence Address	Number and S	Street, City,	State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Ro	's Drive, Geo	rge Town,	Cayman Isl	ands						
Check Box(es) that Apply:	Promoter	□ Benefi	cial Owner		Executive Officer	×	Director	☐ General and/or		
								Managing Partner		
Full Name (Last name first, if in	dividual)									
Martin, Roy O. III										
Business or Residence Address			_							
2nd Fl., Genesis Bldg., Dr. Ro								D 0 1 1/		
Check Box(es) that Apply:		Benefi	cial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)										
Shugart, Scott										
Business or Residence Address	='	· ·	=							
2nd Fl. Genesis Bldg. Dr. Roy	re lirive (Jen	rae IAWN (i avman isl	2nns						

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Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	find	ividual)								
Williams, Peter										
Business or Residence Address (Number and Street, City, State, Zip Code) 2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
									- <u>-</u>	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)										
Meshberger, Lyle										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. l										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u> </u>	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f indi	ividual)								
Juntti, Kerry										
Business or Residence Addre	ss (N	lumber and	Stree	n, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr. i	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner	×	Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)				· · · · ·		-		
Leimkuhler, James K.										
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr. 1	Roy'	s Drive, Ge	orge	Town, Cayman Isl						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Rouse, Charles C.										
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr. 1	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)			-					
Harrell, Richard O. III										
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr. 1	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)										
Weddell, Daniel R.										
Business or Residence Addre	ss (N	Jumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr. 1	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					

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Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual) Mellott, Paul C. Jr.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Gertmenian, Dennis										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Mullhotand, Davis										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
MacDonald, James										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Gross, Randall										
Business or Residence Address (Number and Street, City, State, Zip Code) 2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or										
Managing Partner										
Full Name (Last name first, if individual)										
Poole, Richard										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Kemerling, James Lee										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands										

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Each general and managing partner of partnership issuers.											
Check Box(es) that Apply:	□ Promo	ter 🗆	Beneficial Owner	Ø	Executive Officer	×	Director	General and/or Managing Partner			
Full Name (Last name first, if Sterchak, Joseph	inđividual)										
Business or Residence Addres	s (Number	and Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. R	oy's Drive	George	Town, Cayman Isl	lands							
Check Box(es) that Apply:	□ Promo	ter 🛘	Beneficial Owner	ם	Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)										
Pukish, Steve											
Business or Residence Addres	s (Number	and Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. R	oy's Drive	, George	Town, Cayman Isl	lands							
Check Box(es) that Apply:	☐ Promo	oter 🗆	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)										
Karp, Jeff											
Business or Residence Addres											
2nd Fl., Genesis Bldg., Dr. F											
Check Box(es) that Apply:	□ Promo	oter 🗆	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)										
Kadrmas, Daniel											
Business or Residence Address	s (Number	and Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. R	oy's Drive	, George	e Town, Cayman Is	lands							
			Beneficial Owner			×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)										
Baker, David A.											
Business or Residence Addres	s (Number	and Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. R	oy's Drive	, George	e Town, Cayman Is	lands							
Check Box(es) that Apply:	☐ Promo	oter 🗆	Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)					_					
Roscoe, James P.	·										
Business or Residence Address	s (Number	and Stre	et, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. F											
Check Box(es) that Apply:	□ Promo			×	Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)										
Ameen, Mike											
Business or Residence Addres	s (Number	and Stre	et, City, State, Zip C	Code)							
2nd Fl., Genesis Bldg., Dr. F	ov's Drive	. George	e Town, Cayman Is	lands							

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Each general and	l man	aging part	ner o	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if indi	ividual)							
Simon, Jonathan		·							
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
DeJonge, David L.									
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'				ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Brown, Robert M.									
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Naponelli, Richard			<u> </u>						
Business or Residence Addr	-			-					
2nd Fl., Genesis Bldg., Dr.				Beneficial Owner	anus	Executive Officer		Director	☐ General and/or
Check Box(es) that Apply:		Promoter	ليا	Beneficial Owner		Executive Officer	(<u>C.</u>)	Director	Managing Partner
Full Name (Last name first,	if ind	ividual)							
Vickman, Tom								<u>.</u>	
Business or Residence Addr				-					
2nd Fl., Genesis Bldg., Dr.									
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Schupan, Marc									
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr.					ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Cooksey, Larry									
Business or Residence Adda	ress (P	Number and	Stre	et, City, State, Zip C	ode)				
2nd Fl. Cenesis Ridg. Dr.	Roy'	s Drive Ce	o raa	Town Covmon Isl	2hne				

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Each general and	l man	aging part	ner (of partnership issue	ers.					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner	
Full Name (Last name first, Giesler, William E.	if ind	ividual)								
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual) Ames, Thomas G.										
Business or Residence Addr	ess (N	Jumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	•									
Check Box(es) that Apply:						Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Gladstone, Franklin										
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	•			•	-					
Check Box(es) that Apply:		Promoter	0	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, Dealtry, Walter	if ind	ividual)		•						
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl		. .				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Borden, Robert										
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, Dordell, Timothy P.	if ind	ividual)								
Business or Residence Addr	ess (N	Jumber and	Stree	et City State Zin Co	ode)					
2nd Fl., Genesis Bldg., Dr.	,				-					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Partridge, James E.										
Business or Residence Addr	· ·			· · ·						
2nd Fl., Genesis Bldg., Dr.	KOV'	s ririve. Ge	nrøe	Town, Cayman Isl	anas					

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Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	0	Promoter		Beneficial Owner	0	Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Snider, Paul										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr.	Roy	s Drive, Ge	orge	Town, Cayman Isla	ands	_				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Willey, Henry N.										
Business or Residence Addre	ess (N	Jumber and	Stree	t, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, in Harrell, Michael	if ind	ividual)								
Business or Residence Addre	200 (N	Jumber and	Stree	t City State Zin Co	nde)					
2nd Fl., Genesis Bldg., Dr.										
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or	
									Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Forrey, John H										
Business or Residence Addre	ess (N	lumber and	Stree	t, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Alloy, Steven B.										
Business or Residence Addre	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or	
5.431 4 5									Managing Partner	
Full Name (Last name first,	if ind	ividual)								
Miller, Robert S.		 								
Business or Residence Addre				-						
2nd Fl., Genesis Bldg., Dr.							_			
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)										
Staub, Kennith										
Business or Residence Addre	ess (N	Sumber and	Strce	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					

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Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	Promoter	0	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in Hunter, John	ndividual)									
Business or Residence Address	Business or Residence Address (Number and Street, City, State, Zip Code)									
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, Ge	orge	Town, Cayman Isl	ands						
Check Box(es) that Apply:	D Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)										
Stenstrom, Robert										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr. Ro										
Check Box(es) that Apply: [J Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in Stephens, Edward	ndividual)									
Business or Residence Address	(Number and	Stree	et, City, State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, Ge	orge	Town, Cayman Isl	ands						
Check Box(es) that Apply:	3 Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if it	idividual)									
Stine, Gary										
Business or Residence Address			•							
2nd Fl., Genesis Bldg., Dr. Ro										
			Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ıdividual)									
Vande-Guchte, Thomas										
Business or Residence Address										
2nd Fl., Genesis Bldg., Dr. Ro					E .: 00°		D'	☐ General and/or		
Check Box(es) that Apply:	J Promoter	IJ	Beneficial Owner		Executive Officer	×	Director	Managing Partner		
Full Name (Last name first, if i	ndividual)									
Stowers, Harry W. Jr.										
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Ro	y's Drive, Ge	orge	Town, Cayman Isl	ands						
Check Box(es) that Apply:] Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)										
Bitzer, Charles W.										
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr. Ro	v's Drive. Go	orge	Town, Cayman Isl	ands						

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and	man	aging part	ner (of partnership issue	ers.						
Check Box(es) that Apply:	0	Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
•	Full Name (Last name first, if individual) Mitchell, James A.										
	0		C4	- City State Via C	- 4-1				· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre 2nd Fl., Genesis Bldg., Dr.	•			-							
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)											
Zarfoss, James				·							
Business or Residence Address (Number and Street, City, State, Zip Code)											
2nd Fl., Genesis Bldg., Dr.											
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
Full Name (Last name first, Sutliff, Greg	if ind	ividual)									
Business or Residence Addre	ess (N	Number and	Stree	et, City, State, Zip C	ode)						
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands	<u>.</u>					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
.Full Name (Last name first, if individual)											
Newman, Jonathan G.											
Business or Residence Addre				= =							
2nd Fl., Genesis Bldg., Dr.					ands	•					
Check Box(es) that Apply:	0	Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if ind	ividual)	· · ·								
Barclay, David											
Business or Residence Address Pland Fl., Genesis Bldg., Dr.				-							
Check Box(es) that Apply:				Beneficial Owner			×	Director	☐ General and/or		
Check Box(ca) that rippily.		Tromoter							Managing Partner		
Full Name (Last name first,	if ind	ividual)									
Joseph, Rick M. Jr.								_			
Business or Residence Address	•			•							
2nd Fl., Genesis Bldg., Dr.		•			ands						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u>x</u>	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)											
Foote, Steven H.			<u> </u>	. 01. 0	1 >	·······					
Business or Residence Addr				•	-						
2nd Fl., Genesis Bldg., Dr.	KOY'	s Drive, Ge	orge	: 10wn, Cayman Isl	ands						

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and	l man	aging part	ner c	of partnership issue	ers.						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner		
Full Name (Last name first, Fox, William	if ind	ividual)	·	<u> </u>							
Business or Residence Addr	Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if ind	ividual)									
Jensen, Trent											
Business or Residence Address (Number and Street, City, State, Zip Code)											
2nd Fl., Genesis Bldg., Dr.											
Check Box(es) that Apply:		Promoter	<u>.</u>	Beneficial Owner		Executive Officer	<u> </u>	Director	General and/or Managing Partner		
Full Name (Last name first, Miller, Donald P.	if ind	ividual)									
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)						
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if ind	ividual)									
Ecklin, Robert L.											
Business or Residence Addr				-							
2nd Fl., Genesis Bldg., Dr.											
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	<u> </u>	Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if ind	ividual)									
Smith, James											
Business or Residence Addr											
2nd Fl., Genesis Bldg., Dr.			-			n .: 000		D'	D. Companie and den		
Check Box(es) that Apply:		Promoter	<u> </u>	Beneficial Owner		Executive Officer	Œ.	Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if ind	ividual)									
Bear, Lewis Jr.											
Business or Residence Addr	ess (ì	Number and	Stree	et, City, State, Zip Co	ode)						
2nd Fl., Genesis Bldg., Dr.					ands						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Œ	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Wolf, Charles S. Jr.											
Business or Residence Addr	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)		-				
2nd Fl., Genesis Bldg., Dr.	,			•							

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Thompson, Richard L.										
Business or Residence Addre										
2nd Fl., Genesis Bldg., Dr.									- <u></u>	
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	<u>×</u>	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
King, Leroy Jr.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Nerad, Jerry										
Business or Residence Addre										
2nd Fl., Genesis Bldg., Dr.						·····				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, i	e :d	::da1\							Managing Lattici	
Tadlock, David P.	ıma	(Vidual)								
	(A	lumbar ord	C+	v. City State 7in C	اداد					
Business or Residence Addre 2nd Fl., Genesis Bldg., Dr.				•	-					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or	
Check Box(es) that Apply.		Tiomotei		Belleticiai Owlici		Executive Officer		Director	Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Thompson, Randy										
Business or Residence Addre	ss (N	Number and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner	
Full Name (Last name first, i	f ind	ividual)								
Randall, Robert P.										
Business or Residence Addre	ss (1	Number and	Stree	et, City, State, Zip Co	ode)	•				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)										
Bainter, Donald										
Business or Residence Addre	ss (N	lumber and	Stree	et, City, State, Zip Co	ode)					
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isla	ands					

2. Enter the information requested for the following:

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- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Hatfield, Allen								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Nowak, Jeanne								
Business or Residence Address (Number and Street, City, State, Zip C	lode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands							
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Symons, Stephen		·- -						
Business or Residence Address (Number and Street, City, State, Zip C	lode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands	· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Douglass, William Bradley								
Business or Residence Address (Number and Street, City, State, Zip C	lode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Executive Officer	ĸ	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Leason, James K.								
Business or Residence Address (Number and Street, City, State, Zip C	lode)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Oxholm, Thomas								
Business or Residence Address (Number and Street, City, State, Zip C	Code)							
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	lands							
Check Box(es) that Apply: Promoter Beneficial Owner	×	Executive Officer	×	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Hettle, John								
Business or Residence Address (Number and Street, City, State, Zip C								
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Is	tanas							

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Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	□ Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)							
Way, Peter								
Business or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy's Drive, G	eorge	Town, Cayman Isl	ands				
Check Box(es) that Apply:	☐ Promoter	· 🗖	Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)							
Lea, Nathaniel W.								
Business or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy's Drive, G	eorge	Town, Cayman Ist	ands				
Check Box(es) that Apply:	□ Promoter	· 🗀	Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Manning, David	individual)							
Business or Residence Addres	s (Number and	d Stre	et. City. State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. R	•		•					
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Walton, Kenneth W.	individual)			•				
Business or Residence Addres	c (Number and	d Stre	et City State Zin C	ode)		•		
2nd Fl., Genesis Bldg., Dr. R	=							
			Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·					
Langmuir, Gary	•							
Business or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	ode)				
2nd Fl., Genesis Bldg., Dr. R	oy's Drive, G	eorge	Town, Cayman Isl	ands				
Check Box(es) that Apply:	☐ Promoter	. 0	Beneficial Owner		Executive Officer	区	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)							
Young, Jason								
Business or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	ode)			·	
2nd Fl., Genesis Bldg., Dr. R	oy's Drive, G	corge	Town, Cayman Isl	ands	<u> </u>			
Check Box(es) that Apply:	☐ Promoter	. 🗆	Beneficial Owner		Executive Officer	E	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)								
Curtis, Blair								
Business or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	ode)		-		
2nd Fl., Genesis Bldg., Dr. Roy's Drive, George Town, Cayman Islands								

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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	_								
• Each general and	i man	aging part	ner c	of partnership issue	ers.				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Hallford, Peter									· · · · · · · · · · · · · · · · · · ·
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)							
Voorheis, Dale C.									
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
2nd Fl., Genesis Bldg., Dr.	Roy'	s Drive, Ge	orge	Town, Cayman Isl	ands				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer		Director	☐ General and/or
···									Managing Partner
Full Name (Last name first,	if ind	ividual)							
Business or Residence Addr	ess (N	lumber and	Stree	et, City, State, Zip Co	ode)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)				· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addr	ess (N	Jumber and	Stree	et, City, State, Zip C	ode)	- 			
Check Box(es) that Apply:		Promoter	0	Beneficial Owner		Executive Officer		Director	☐ General and/or Managing Partner
Full Name (Last name first,	if ind	ividual)	•						
Business or Residence Addr	ess (N	Number and	Stree	et, City, State, Zip C	ode)				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or
Full Name (Last name first,	if ind	ividual)							Managing Partner
t all traine (Bast hame thos,		···Idaa.,							
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

B. INFORMATION ABOUT OFFERING								
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No □ 🗷							
Answer also in Appendix, Column 2, if filing under ULOE.								
2. What is the minimum investment that will be accepted from any individual?	\$ <u>\$31,000</u> Yes No							
3. Does the offering permit joint ownership of a single unit?								
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								
None.								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States							
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]								
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]								
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	0.							
(Check "All States" or check individual States)	States							
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]								
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]								
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States							
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]								
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]								
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Type of Security		ggregate ering Price	A	Amo Iready	unt / Sold
Debt	\$	0	\$_	0	
Equity	\$ 3	1,000,000	\$_	310,	000_
☑ Common ☑ Preferred					
Convertible Securities (including warrants)	\$. 0	\$_	0	
Partnership Interests	\$_	0	\$_	0	
Other (Specify)	\$_	0	\$_	0	
Total	\$_3	1,000,000	\$_	310,	000
Answer also in Appendix, Column 3, if filing under ULOE					
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number nvestors	D	Aggre ollar A f Purc	mount
Accredited Investors		10	\$_	310,	000
Non-accredited Investors		0	\$_	0	
Total (for filings under Rule 504 only)		N/A	\$_	N//	Α
Answer also in Appendix, Column 4, if filing under ULOE					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering		Type of Security	De	ollar A Sol	imouni Id
Rule 505	_	N/A	\$_	N/A	<u> </u>
Regulation A	_	N/A	\$_	N/4	Α
Rule 504		N/A	\$_	N/.	Α
Total		N/A	\$_	N/2	Α
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts related solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees			\$_	0	
Printing and Engraving Costs		x	\$_	2,0	00
Legal Fees		E	\$_	20,0	00
Accounting Fees		X	\$_	0	
Engineering Fees		🗆	\$_	0	
Sales Commissions (specify finders' fees separately)		🗆	\$_	0	
Other Expenses (identify) postage, delivery		X	\$_	3,00)0
Total		x	S_	25,00)0

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES AN	D USE OF P	ROCEEDS
ζ	e. Enter the difference between the aggregate offering price given in response to Part C-Question 4.a. This dishe "adjusted gross proceeds to the issuer."	fference i	is	30,975,000
u e e	ndicate below the amount of the adjusted gross proceed to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, stimate and check the box to the left of the estimate. The total of the payments liqual the adjusted gross proceeds to the issuer set forth in response to Part C-Qu bove.	furnish a isted mus	n st	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗆	s <u> </u>	□ \$ <u>0</u>
	Purchase of real estate	🗅	\$ 0	□ \$ <u>0</u>
	Purchase, rental or leasing and installation of machinery and equipment	🖸	s 0	□ \$ <u>0</u>
	Construction or leasing of plant buildings and facilities	🗆	\$0	□ \$ <u>0</u>
	Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another issues pursuant to a merger)	er _	\$ 0	□ \$ 0
	Repayment of indebtedness	🗖	s 0	□ \$ <u>0</u>
	Working capital		\$ 0	№ \$30,975,000
	Other (specify):		\$0	□ \$ <u>0</u>
		🗅	\$0	□ \$ <u>0</u>
	Column Totals	🗆	\$0	■ \$30,975,000
	Total Payments Listed (column totals added)		⊠ \$ <u>3(</u>	0.975,000
	D. FEDERAL SIGNATURE			
	D. I EDDICATE STORY			
he f	issuer has duly caused this notice to be signed by the undersigned duly authorized following signature constitutes an undertaking by the issuer to furnish to the U.S. en request of its staff, the information furnished by the issuer to any non-accredited	Securitie	es and Exchang	e Commission, upon
ssue	er (Print or Type)		Date	
Raff	les Insurance Limited			V 22602008
Nam	e of Signer (Print or Type) Title of Signer (Print or Type)	フ		
	nael Gibbs on behalf of Assistant Secretary sington Management Group, Ltd.			
	ATTENTION			



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)